FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S95422 (9)

1. Corporation Name

LASER PHOTO TRANSFER SYSTEMS CORP.

Principal Place of Business	Mailing Address
2900 W SAMPLE RD FESTIVAL FLEA MARKET POMPANO BCH FL 33067	2900 W SAMPLE RD FESTIVAL FLEA MARKET POMPANO BCH FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1991

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0292584 — Applied For / Not Applicable

2. Principal Place of Business — 21 / 2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / Suite, Apt. #, etc — 27

City & State — 23 / City & State — 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERKOWITZ, GEORGE
1327 ROEMAN ST
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PR
NAME	BERKOWITZ, GEORGE
STREET ADDRESS	1327 RODMAN ST
CITY ST ZIP	HOLLYWOOD FL
TITLE	VP
NAME	BERKOWITZ, GIZELLA
STREET ADDRESS	1327 RODMAN ST
CITY ST ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (1–6)

800001480848
-05/09/95--01095--004
****200.00 ****200.00

T/S, 5/6/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 Date

305-923-6748 Daytime Phone #

0118131 CP